

Arizona Board of Athletic Trainers

5060 North 19th Avenue, Suite 209
Phoenix, AZ 85015
(602) 589-6337

INITIAL APPLICATION INSTRUCTIONS

CAREFULLY READ INSTRUCTIONS.

ALL DOCUMENTS MUST BE RECEIVED 5 STATE BUSINESS DAYS PRIOR TO A BOARD MEETING.

The Board WILL NOT review an application until **ALL** documentation has been received.

Please call the above number for Board meeting dates and times.

SECTION I: PERSONAL INFORMATION

BOX

- A. – C. Full name. Do not use nicknames
- D. Name as you want it to appear on license. Initials or nicknames are acceptable, but titles are not. (Ph.D., CHT, OTR, etc.)
- E. Other names used (maiden name, former names or nicknames).
- F. Date of Birth.
- G. Social Security Number; required and is shared with the AZ Department of Economic Security for verification of child support mandates.
- H. Gender.
- I. (Area Code) and home telephone number.
- J. Home address. If business address not provided, then the home address is public information.
- K. Mailing address for correspondence purpose, if different from home address.
- L. Employer's name.
- M. (Area Code) and business telephone number.
- N. Employer's address.
- O. National Athletic Trainers' Association Board of Certification number.
- P. Date original certification was issued.
- Q. Date of last certification.
- R. Status of certification with the National Athletic Trainers' Association of Certification (optional).

SECTION II: LICENSE

- A. Submit with application either a CERTIFIED CHECK, MONEY ORDER or CASH for the total amount made payable to the AZ Board of Athletic Training. All fees are NON-REFUNDABLE

SECTION III: PROFESSIONAL EXPERIENCE AND/OR FIELDWORK (within the last five years.)

(list most recent first)

- A, D, G, J & M. Facility name and address.
- B, E, H, K & N. Position held.
- C, F, I, L & O. Inclusive dates (month/year).

SECTION IV: EDUCATION (List most recent first)

- A, E & I Name of the college or university and the city and state.
- B, F & J Inclusive dates (month/year) attended college or university.
- C, G & K Date of graduation.
- D, H & L Type of degree received.

SECTION V: CURRENT OR PREVIOUS LICENSURE/CERTIFICATION

- A. Check appropriate “yes” or “no” answer.
- B. List all the states or countries you are/were licensed to practice. Have each state complete and submit a “Verification of Licensure Status” form to this Board.
- C, F, I & L. State or country in which you hold or have held a license to practice.
- D, G, J & M. License number for each state or country.
- E, H, K & N. Current status of each license.

SECTION VI: DISCIPLINARY ACTIONS

- A. Check appropriate response.
 - B. Check appropriate response.
 - C. Check appropriate response.
- A “yes response must include a statement describing the Charge(s), the final disposition of charge(s), city/county, State, and court in which the charges were filed. Attach Additional pages as necessary.

**SUMMARY OF
DOCUMENTS REQUIRED**

ATHLETIC TRAINERS:

- A. Completed application signed and notarized.
- B. NATA-BOC verification – must be sent directly from the office of NATA-BOC.
- C. Two (2) Professional Recommendation forms with the original signatures.
- D. **Certified check, money order or cash** for fees.
- E. Official Transcripts.
- F. Verification of all other licenses.

NOTE

**ALL DOCUMENTS MUST BE RECEIVED FIVE STATE BUSINESS DAYS
PRIOR TO A BOARD MEETING**

(No faxed copies will be accepted.)